

LAKE COUNTY BUILDING DEPT.  
800 10<sup>TH</sup> STREET, SUITE #110  
BALDWIN, MI 49304-7971  
231-745-2722 (FAX: 231-745-7214)

APPLICATION FOR PLAN EXAMINATION AND BUILDING PERMIT

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Owner	Property Tax No.
Address	Section #
City/Village	Township

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LOCATION OF BUILDING (directions)

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CONSTRUCTION COST:

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1. <input type="checkbox"/> New Building	2. <input type="checkbox"/> Addition	3. <input type="checkbox"/> Alteration	4. <input type="checkbox"/> Repair	5. <input type="checkbox"/> Wrecking	6. <input type="checkbox"/> Mobile Home Set-up
7. <input type="checkbox"/> Premanufacture	8. <input type="checkbox"/> Foundation only	9. <input type="checkbox"/> Relocation	10. <input type="checkbox"/> Special Inspection		

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PROPOSED USE OF BUILDING:

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RESIDENTIAL:

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10. <input type="checkbox"/> One Family	11. <input type="checkbox"/> Two or More Family (no. of units _____)	12. <input type="checkbox"/> Hotel, Motel (no. of units _____)	13. <input type="checkbox"/> Pole Building	14. <input type="checkbox"/> Shed
15. <input type="checkbox"/> Attached Garage	16. <input type="checkbox"/> Detached Garage	17. <input type="checkbox"/> Other _____		

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NON-RESIDENTIAL:

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16. <input type="checkbox"/> Amusement	17. <input type="checkbox"/> Church, Religious	18. <input type="checkbox"/> Industrial
19. <input type="checkbox"/> Parking Garage	20. <input type="checkbox"/> Service, Station	21. <input type="checkbox"/> Hospital, Institutional
22. <input type="checkbox"/> Office, Bank, Professional	23. <input type="checkbox"/> Public Utility	24. <input type="checkbox"/> School, Library, Educational
25. <input type="checkbox"/> Store, Mercantile	26. <input type="checkbox"/> Tanks, Towers	27. <input type="checkbox"/> Other

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NON-RESIDENTIAL: Describe in detail proposed use of building, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

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SELECTED CHARACTERISTICS OF BUILDING – For new buildings and additions, complete Parts A-H; for wrecking complete only Part F, for all others skip to Part V.

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<b>A. PRINCIPLE TYPE OF FRAME</b>	<b>C. TYPE OF SEWAGE DISPOSAL</b>	<b>F. DIMENSIONS</b>
28. <input type="checkbox"/> Masonry (wall bearing)	38. <input type="checkbox"/> Public or private company	45. Number of stories _____
29. <input type="checkbox"/> Wood frame	39. <input type="checkbox"/> Private (septic tank, etc.)	46. Total square feet of floor area, all floors, based on exterior dimensions _____
30. <input type="checkbox"/> Structural steel	<b>D. TYPE OF WATER SUPPLY</b>	47. Length _____ Width _____
31. <input type="checkbox"/> Reinforced concrete	40. <input type="checkbox"/> Public or private company	Height _____
32. <input type="checkbox"/> Other <input type="checkbox"/> Specify _____	41. <input type="checkbox"/> Private (well, cistern)	
<b>B. PRINCIPLE TYPE OF HEATING FUEL</b>	<b>E. TYPE OF MECHANICAL</b>	<b>G. NO. OF OFF-STREET PARKING</b>
33. <input type="checkbox"/> Gas	Will there be central air conditioning	48. Enclosed _____
34. <input type="checkbox"/> Oil	42. <input type="checkbox"/> Yes <input type="checkbox"/> No	49. Outdoors _____
35. <input type="checkbox"/> Electricity	Will there be a basement?	
36. <input type="checkbox"/> Coal/Wood	43. <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>H. RESIDENTIAL BUILDINGS ONLY</b>
37. <input type="checkbox"/> Other <input type="checkbox"/> Specify _____	Will there be an elevator	50. Number of Bedrooms _____
	44. <input type="checkbox"/> Yes <input type="checkbox"/> No	51. Number of Bathrooms Partial _____ Full _____

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**ARCHITECT OR ENGINEER:**

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NAME		TELEPHONE NO.
ADDRESS	CITY	STATE ZIP CODE
LICENSE NO.		EXPIRATION DATE

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**CONTRACTOR:**

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NAME		TELEPHONE NO.
ADDRESS	CITY	STATE ZIP CODE
BUILDERS LICENSE NO.		EXPIRATION DATE

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FEDERAL EMPLOYER ID NUMBER OR  
REASON FOR EXEMPTION

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WORKERS COMP. INSURANCE CARRIER OR  
REASON FOR EXEMPTION

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MESC EMPLOYER NUMBER OR  
REASON FOR EXEMPTION

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**APPLICANT INFORMATION:**

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NAME		TELEPHONE NO.
ADDRESS	CITY	STATE ZIP CODE

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**APPLICANT:** I hereby certify that the proposed work is authorized by the owner of record, and that I have been authorized by the owner to make this application. I agree to conform to all applicable laws of the State of Michigan (2015 Michigan Building Code and Michigan Residential Code) and Lake County ordinances. All information submitted on this application is accurate to the best of my knowledge.

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**Section 23a of the State Construction Code Act of 1972, 1972 PA 230, MCL 125.1523a, prohibits a person from conspiring to circumvent the licensing requirements of this state relating to persons who are to perform work on a residential building or a residential structure. Violators of Section 23a are subjected to civil fines.**

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SIGNATURE OF APPLICANT (application not valid unless signed)

APPLICATION DATE:

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**HOMEOWNER AFFIDAVIT:** *I hereby certify the building work described on this application shall be installed by myself in my single family dwelling in which I am occupying or about to occupy. All work shall be installed in accordance with the Michigan Code governing this jurisdiction and shall not be covered up or put into service until it has been inspected and approved by the Building Inspector. I will assume all responsibility for arranging necessary inspections.*

\_\_\_\_\_  
*Signature of Homeowner*  
*(only if applying for homeowner permit)*  
*Please sign twice-here and above*

\_\_\_\_\_  
*Date*

**NOTES: FOR DEPARTMENT USE**

Building Permit No.	Fee
Plumbing Permit No.	Fee
Electrical Permit No.	Fee
Mechanical Permit No.	Fee
Soil Erosion Permit No.	Fee
Additional Administration Fees	Fee

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Total Fees:

Revised 2/8/16

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